

State of Indiana

Congratulations! You can now enroll in comprehensive dental coverage through Delta Dental Plan of Indiana! You can choose from the following plan designs:

Plan Choices	DeltaPreferred Option USA (Point-of-Service) Plan 1	DeltaPreferred Option USA Plan 2	DeltaCare DMO
Does this plan have a network of participating dentists?	Yes. This plan uses two networks – the DeltaPreferred Option (DPO) network and the DeltaPremier network.	Yes. This plan uses the DeltaPreferred Option (DPO) network only.	Yes. This plan uses the DeltaCare network.
Can I go to any dentist?	Yes, but you will save money if your dentist participates in the DPO network or the DeltaPremier network. Participating dentists agree to accept Delta Dental's fee determination as full payment for covered services. That means you will be responsible only for your copayments and deductible when you go to them. If you go to a nonparticipating dentist, you will be responsible for paying that dentist whatever he or she charges.	No. You must go to a DPO dentist.	No. You must choose a DeltaCare dentist for your entire family from our DeltaCare dentist directory and go to that dentist only.
What is the difference between a DPO dentist and a DeltaPremier dentist?	DPO dentists have agreed to accept the deepest discounts saving you the most out of pocket costs. DeltaPremier dentists have not agreed to as deep a discount, but they will not charge you over Delta Dental's allowance for payment.	Benefits are only payable to a DPO dentist with limited benefits payable to a DeltaPremier or a non-participating provider. Please refer to the list of benefits below this chart.	This is not applicable to the DeltaCare program.
Can I change dentists whenever I want to?	Yes	Yes. However, you must choose a DPO dentist.	No
Can each member of my family see a different dentist?	Yes	Yes. However, all dentists must be DPO dentists.	No
Is there a deductible?	Yes. There is a deductible of \$50 per person (limited to \$150 per family) per calendar year. The deductible does not apply to Class I and Class IV Benefits. Any deductible applied in the last three months of a benefit year will also be applied to the deductible for the following benefit year	Yes. There is a deductible of \$50 per person (limited to \$150 per family) per calendar year. The deductible does not apply to most Class I and Class IV Benefits. However, it does apply to sealants.	No. However, there is a \$5 fee for each office visit.
How do I find a participating dentist?	Ask your dentist if he or she participates in DeltaPreferred Option or DeltaPremier. You can also check our Web site at www.deltadental.com or call our Customer Service department or our automated DASI system at (800) 524-0149 to find a participating dentist near you.	Ask your dentist if he or she participates in DeltaPreferred Option. You can also check our Web site at www.deltadental.com or call our Customer Service department or our automated DASI system at (800) 524-0149 to find a DPO dentist near you.	You can find a DeltaCare dentist by checking our DeltaCare dentist directory. You can also check our Web site at www.deltadentalin.com or call our Customer Service department at (800) 870-9988.

What if I go to a nonparticipating dentist?	You will still be covered, but you may have to pay more. You will be responsible for any difference between Delta Dental's payment and the fee charged by the dentist.	You are covered for a limited number of specific services when you go to a non-DPO dentist. We have listed these services below this chart*. Most of these services will be rendered by specialists and will be payable up to the DPO fee schedule amount. You will be responsible for any difference between Delta Dental's payment and the fee charged by the dentist.	You will be responsible for the entire cost of the services rendered if you go to another dentist without a written referral from your DeltaCare dentist. Exceptions: <ul style="list-style-type: none"> ▪ Emergency dental treatment when you are more than 50 miles from your DeltaCare dentist. ▪ Out-of-network orthodontist when there is no DeltaCare orthodontist in your area.
What does the plan pay?	Please see the chart below for this information. It is important for you to note, however, that your dental plan is subject to the exclusions and limitations that are outlined in your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to your certificate and summary for more information.		

***Covered Services for non DPO dentists**

- **Diagnostic** – 0140 limited oral evaluation – problem focused
- **Radiographs** – 0220 intraoral – periapical first film; 0230 intraoral – periapical each additional film
- **Endodontics** – 3330 root canal therapy – molar (excluding final restoration); 3346 retreatment of previous root canal therapy – anterior; 3347 retreatment of previous root canal therapy – bicuspid; 3348 retreatment of previous root canal therapy – molar; 3351 apexification/recalcification – initial visit; 3352 apexification/recalcification – interim medication replacement; 3353 apexification/recalcification – final visit; 3410 apicoectomy/periradicular surgery – anterior; 3421 apicoectomy/periradicular surgery – bicuspid (first root); 3425 apicoectomy/periradicular surgery – molar (first root); 3426 apicoectomy/periradicular surgery (each additional root); 3430 retrograde filling – per root; 3450 root amputation – per root
- **Periodontics** – 4210 gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant; 4211 gingivectomy or gingivoplasty – one to three teeth, per quadrant; 4240 gingival flap procedure, including root planning – four or more contiguous teeth or bounded teeth spaces per quadrant; 4241 gingival flap procedure, including root planning – one to three teeth, per quadrant; 4260 osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant; 4261 osseous surgery (including flap entry and closure) – one to three teeth, per quadrant; 4263 bone replacement graft – first site in quadrant; 4264 bone replacement graft – each additional site in quadrant; 4270 pedicle soft tissue graft procedure; and 4271 free soft tissue graft procedure (including donor site surgery)
- **Adjunctive general services** – 9110 palliative (emergency) treatment of dental pain.

	DeltaPreferred Option USA (Point-of-Service) Plan 1			DeltaPreferred Option USA Plan 2		DeltaCare DMO
What does the plan pay?	DPO Dentist	DeltaPremier Dentist	Nonparticipating Dentist	DPO Dentist	Non-DPO Dentist	DeltaCare Dentist
CLASS I BENEFITS						
Diagnostic and preventive services – Used to diagnose and/or prevent dental abnormalities or disease (includes exams, routine cleanings and fluoride treatments).	80%	80%	80%	100% Fluoride is not covered	0%*	No charge
Bitewing Radiographs – Bitewing X-rays.	80%	80%	80%	100%	0%*	No charge
Emergency Palliative Treatment – Used to temporarily relieve pain.	80%	80%	80%	100%	0%*	No charge
All Other Radiographs – All other X-rays, as required and in conjunction with the diagnosis of a specific condition requiring treatment.	80%	80%	80%	100%	0%*	No charge
Sealants – Dental sealants to prevent decay of permanent molars.	80%	80%	80%	80%	0%	Fixed copay - See attached schedule
CLASS II BENEFITS						
Oral Surgery – Extractions and dental surgery, including preoperative and postoperative care.	80%	80%	80%	80%	0%	Fixed copay - See attached schedule
Simple Extractions	80%	80%	80%	100%	0%	Fixed copay - See attached schedule
Minor Restorative Services – Used to repair teeth damaged by disease or injury (for example, fillings). Composite resin restorations on posterior (back) teeth are not covered,	80%	80%	80%	80%	0%	Fixed copay - See attached schedule
Single Crowns – Used when teeth cannot be restored with a filling.	80%	80%	80%	80%	0%	Fixed copay - See attached schedule
Periodontics – Used to treat diseases of the gums and supporting structures of the teeth.	80%	80%	80%	80%	0%*	Fixed copay - See attached schedule
Endodontics – Used to treat teeth with diseased or damaged nerves (for example, root canals).	80%	80%	80%	80%	0%*	No charge
CLASS III BENEFITS						
Prosthodontics – Used to replace missing natural teeth (for example, bridges and dentures).	50%	50%	50%	50%	0%	Fixed copay - See attached schedule
Inlays, onlays and other major restorative services –Used when teeth cannot be restored with another filling material.	50%	50%	50%	50% Inlays are not covered	0%	Fixed copay - See attached schedule
Annual Maximum for Class I, II and III benefits.	\$750	\$750	\$750	\$1,000	\$1,000	\$1,000
CLASS IV BENEFITS						
Orthodontics – Used to correct malposed teeth and/or facial bones (for example, braces).	50%	50%	50%	50%	0%	Fixed copay - See attached schedule
Lifetime maximum for Class IV benefits.	\$750	\$750	\$750	\$750	Not covered	\$750